

C4A

Connecticut Association of Area Agencies on Aging, Inc.

Testimony – Human Services Committee 2/24/09

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Position

- C4A supports Raised Bill 5298, An Act Increasing the Asset Limitations Under the State-Funded Connecticut Home Care Program for the Elderly

Background

In that the Connecticut Home Care Program for Elders (CHCPE) serves an essential preventative function in providing home and community-based services to older adults that forestalls the need for more costly nursing home placements, C4A respectfully urges the Committee to:

- support proposals to expand access to the program, of which Raised Bill 5298 is an example; and
- reject the Governor's proposal to restrict participation in the state-funded levels of the Connecticut Home Care Program for Elders (CHCPE) (Levels 1 & 2) to the caseload in place as of June, 2009, necessitating a waitlist for services.

Since 1987, Connecticut has elected to offer care management and home and community-based services (HCBS) to eligible older adults through a Federal 1915(c) Medicaid waiver (the Waiver). As a complement to this program, Connecticut has also appropriated General Fund revenues in support of serving older adults at higher asset levels than are permitted under the Waiver. These two components make up the Connecticut Home Care Program for Elders (CHCPE).

In 2008, the Connecticut Home Care Program for Elders (CHCPE) has an active client population of over 15,000 individuals, more than 10,000 of whom received services through the Medicaid Waiver. In the CHCPE Annual Report to the Legislature for SFY 2007, the Department of Social Services documented cost savings to the State in that program year of \$91,510,543. Breaking out this figure, average monthly costs per client in 2007 were as follows: Waiver clients: \$1,572; State funded clients: \$909. In 2007, this compared with an average monthly Medicaid nursing home cost of \$5,338. State support has ensured that eligible individuals can access the CHCPE on a rolling basis and that there is no wait list.

Home and community-based care is often principally described in terms of its cost efficacy. In addition to this analysis, it is also important, however, to reference its human value to older adults and individuals with disabilities. Surveys and anecdotal data show that consumers overwhelmingly prefer to receive needed services at home in the community. Through these services, an individual can 1) preserve the right to live as s/he chooses; 2) assist to the extent of ability in planning the course of his/her care; 3) retain immediate contact with loved ones; and 4) safeguard both health and dignity.

Diverse groups including the State of Connecticut Long-Term Care Planning Committee, the Nursing Home Transitions Work Group, and research institutions have emphasized the many benefits of community-based care. Ongoing efforts to shift both state policy priority and expenditure of Medicaid dollars to care at home reflect these commitments. As the Legislature frames the biennial budget, we respectfully urge its members to make rational investments in the preventative function that is served by the CHCPE. Investing in low cost home and community-based care plans for elders in need will forestall the need for much more costly and burdensome care in nursing facilities.